


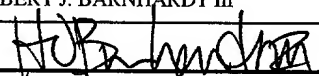
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35 U.S. PTO10/07/3689  
02/11/02

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-7420
	First Inventor or Application No.	PLOURDE ET AL.
	Title	MANAGEMENT OF TELEVISION PRESENTATION RECORDINGS
	Express Mail Label No.	EV038881931US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington DC 20231																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>26</u> ]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>17</u> ] 4. Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:																
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:																	
<b>17. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below																	
<table border="1"> <tr> <td>Name</td> <td colspan="3">05642</td> </tr> <tr> <td>Address</td> <td colspan="3">PATENT-TRADEMARK OFFICE</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name	05642			Address	PATENT-TRADEMARK OFFICE			City	State	Zip Code		Country	Telephone	Fax	
Name	05642																
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Name (Print/type)	HUBERT J. BARNHARDT III	Registration No. (Attorney/Agent)	36,739
Signature		Date	FEBRUARY 11, 2002

Docket No.: A-7420

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: PLOURDE ET AL.

DOCKET NO.: A-7420

TITLE: MANAGEMENT OF TELEVISION PRESENTATION RECORDINGS

FEBRUARY 11, 2002

**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION

Commissioner for Patents

Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

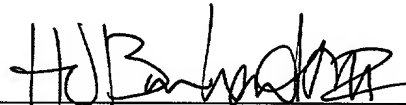
	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 84.00	\$ 84.00
Total Claims	41	20	21	\$ 18.00	\$378.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$1,202.00

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Intellectual Property Dept. MS 4.3.518  
5030 Sugarloaf Parkway  
Lawrenceville GA 30044

By:

  
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